

REQUEST FOR PAYMENT

Date of Request: _____

Amount of Request _____

Name of Vendor: _____

Vendor Number: _____

Purchase Order Number(s):

Invoice/Account#(s):

CERTIFICATION BY OFFICIAL OR DEPARTMENT HEAD:

Note: This section to be used after receipt of items purchased.

"The items purchased and/or services rendered, as described above, have been delivered to this department and checked for accuracy. The attached invoice is the original invoice and is approved for payment."

Requesting Department: _____

Signature of Official or Department Head _____

Special Instructions: _____

County Auditor Approval: _____

Notes:

1. Attach Purchase Order(s) and Invoice(s) to this form and submit to County Auditor's Office for processing of payment.
2. Make sure that Purchase Order(s) have "good" description(s) and where applicable, multiple account numbers and amounts are listed accordingly.
3. This Request for Payment and attachments will be returned if incomplete or unsigned.